

CHIPPEWA SNOWCHASERS
SNOWMOBILE CLUB
MEMBERSHIP APPLICATION

NAME(S) : _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

E-MAIL: _____

WEB SITE: _____

PLEASE CHECK ONE. I AM A CURRENT MEMBER: ____ I AM A NEW MEMBER: ____

NOTE: YOU WILL RECEIVE A MEMBERSHIP CARD IN THE MAIL AND YEARLY MEMBERSHIPS WILL EXPIRE ON NOVEMBER 1

- | | |
|--|---|
| <input type="checkbox"/> SINGLE:1 YEAR - \$20.00 | <input type="checkbox"/> SINGLE: 3 YEAR -\$50.00 |
| <input type="checkbox"/> FAMILY 1 YEAR - \$25.00 | <input type="checkbox"/> FAMILY: 3 YEAR - \$65.00 |
| <input type="checkbox"/> COMMERCIAL 1 YEAR - \$50.00 | |

DONATION TO CAMERA FUND \$ _____

DONATION TO SCHOLARSHIP FUND \$ _____

ADDITIONAL DONATION \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

SIGNED: _____ DATE: _____

MAIL THIS FORM TO: **CHIPPEWA SNOWCHASERS**
11272 STRONGS RD.
ECKERMAN, MI 49728